

Dr. Lemmon

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021639  
STATE FILE NUMBER

FILED JUL 14 1958		Registration District No. 128		Primary Registration District No. 2000		Registrar's No. 689	
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE MISSOURI b. COUNTY GREENE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD 03960		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		Length of stay in lb 56 YRS.		d. STREET ADDRESS 2047 S. CAMPBELL		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE W. UNDERWOOD				4. DATE OF DEATH Month Day Year JULY 5 1958			
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUNE 12 1902	
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done) LOCOMOTIVE ENGINEER		11. BIRTHPLACE (City and state or country) SPRINGFIELD, MO. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE W. UNDERWOOD SR.		13b. MOTHER'S MAIDEN NAME LULA THAYER		14. NAME OF HUSBAND OR WIFE LANELL UNDERWOOD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. ---		17. INFORMANT Address MRS. LANELL UNDERWOOD SPRINGFIELD, MO.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia &amp; gastric hemorrhage</u> DUE TO (b) <u>Chronic glomerulonephritis</u> DUE TO (c) <u>592X</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension &amp; hypertensive ht. disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>520. yrs</u>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at <u>1-30-58</u> to <u>7-5-58</u> and last saw him alive on <u>7-5-58</u> <u>8:57 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Dr. Lemmon, M.D.</u> (Degree or title)		22b. ADDRESS <u>Springfield, Mo</u>		22c. DATE SIGNED <u>7-7-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 7/7/58		23c. NAME OF CEMETERY OR CREMATORY WHITE CHAPEL		23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.	
24. FUNERAL DIRECTOR H.H. LOHMEYER		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 7-7-58		26. REGISTRAR'S SIGNATURE <u>Effie &amp; Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

JUL 14 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *W. H. McCann* .....

Licensed Embalmer No. *3727* .....  
P. O. Address *Springfield, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.